

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

LEONITUS JABIR BEY,
Plaintiff,

C.A. NO.: 19-10219- PBS

v.

DAVID PENDER,
Defendant

**FIRST SET OF INTERROGATORIES OF THE DEFENDANT
TO BE ANSWERED BY THE PLAINTIFF**

INTERROGATORY NO. 1

State your full name, address, date of birth, true name and all names for which you use.

INTERROGATORY NO. 2

If you have been convicted of a felony and/or a misdemeanor, describe the offense or offenses and, if applicable, when and where committed, under what name you were convicted, and when and in what city, county and state.

INTERROGATORY NO. 3

Please identify in complete detail how the alleged incident that serves as the basis of your complaint occurred, stating what you saw and did prior to, during, and after each incident and what happened to you in the order in which the events took place including what you were doing immediately prior and up to the receipt of the injuries alleged in your complaint.

INTERROGATORY NO. 4

Describe all of the injuries and complaints of any nature whatsoever (whether objective or subjective) as a result of this incident of which you, or your doctors, are aware or suspect as follows:

- a. List and describe each in specific detail, giving the exact location within or upon your body of all your injuries, and nature of your complaint (whether physical, dental, emotional, nervous, mental or psychological);
- b. If you have completely recovered from each such injury and complaint, state the date you recovered from such injury or complaint;
- c. List separately all of your present disabilities and complaints (whether objective or subjective), the frequency and duration of your complaints of pain etc., the locations of and degree of any limitations of motion you now have, and a detailed description of any scars you have at the present time, which you attribute to the incident; and
- d. Separately list and describe each of your claimed permanent disabilities.

INTERROGATORY NO. 5

If as a result of any injuries, emotional distress, discomfort or embarrassment sustained in the incident you were unable to perform any of your normal and usual functions, duties or activities of whatever nature at any time since the incident (which you were able to perform before the incident) state the function, duty, and activity you were unable to perform, and also separately state what functions, duties or activities, if any, you are still unable to perform, and why:

- a. In connection with your work, employment or business;
- b. In activities other than your employment or business, describing in detail the type of such activity (social, recreational, golf, housework, hobby, etc.,) and the extent of the curtailment, limitation or restriction.

INTERROGATORY NO. 6

State which dates you were so confined, if at all, as a result of the injuries, emotional distress, discomfort or embarrassment you claim you received as a result of the incident:

- a. In a hospital and address;
- b. Confined to your bed and address; and
- c. Convalescing at home but not confined to your bed, stating the address where convalescing.

INTERROGATORY NO. 7

As a result of any injuries, emotional distress, discomfort or embarrassment received in this incident, state in chronological order the names and addresses of:

- a. Each and every hospital, institution, rest home or sanitarium, giving the dates of admission and dates of discharge from each place where you were an in-patient;
- b. Any hospital, clinic, institution or sanitarium where you have been an out-patient, giving the dates of care, and when all treatments were performed.

INTERROGATORY NO. 8

If you received any medical care or any treatment from any doctor or anyone as a result of injuries, emotional distress, discomfort or embarrassment received in said incident, please supply answers to the following:

- a. The date you first received such care or treatment, and the name and address of the doctor, or other practitioner who treated you, and where;
- b. The name and address of each such doctor, or other practitioner, indicating his specialty, if any, whom you have seen for medical care or treatment as a result of injuries received in this incident;

- c. For what injuries or complaint did each doctor, or other practitioner, treat or care for you;
- d. The dates of care or treatment by each such person;
- e. The treatment given and the treatment by each such person;
- f. The medication and narcotics prescribed, by whom, and for what purpose, where obtained, and the frequency and the period of time from date to date over which taken; and
- g. The nature, extent and duration by dates of any self-administered home care or therapy, and, if recommended by any doctor or therapist, give his name and address.

INTERROGATORY NO. 9

As distinguished from a treating or attending doctor referred to in the previous Interrogatory 8, what is the name and address of each such doctor who has merely examined you or been consulted by another doctor, his specialty, the date or dates of such examination, and for what specific condition has he examined you?

INTERROGATORY NO. 10

As of this time, are you still being treated, examined or attended by any doctor or other practitioner? If so, for what specific injuries, conditions or complaints is each examining or treating you, and what type of examination, treatment or medication is each giving you?

INTERROGATORY NO. 11

With reference to your past and present employment or occupation or business and education, state:

- a. The names and addresses of all places where you have been employed or engaged in business during the last five years, listing the same in chronological order, commencing with your present employment or business occupation, and indicating after each employment the approximate inclusive period of time from date to date worked there, and the reason for termination;
- b. At each place of employment, state your job classification or position with a brief description of your duties and responsibilities at each such place, whether the employment was continuous or seasonal, the number of hours worked per week;
- c. The name under which you were employed at each such place or the business or firm name which you used while you were engaged in business at each such place;
- d. The name under which you were employed at each such place or the business or firm name which you used while you were engaged in business at each such place; and
- e. Detail in chronological order all schools or educational institutions you have attended, stating years of attendance, areas of concentration and any degrees earned.

INTERROGATORY NO. 12

If you have lost any time from work since the alleged incident for any reason, due to injuries received in the incident, state the reason and indicate the periods of time lost and the amount of income lost, if any, stating in complete detail how you compute such a loss.

INTERROGATORY NO. 13

During the whole or any portion of the time you were unable to work, either full or part time because of injuries received in the incident:

- a. Did you use any paid sick leave or paid vacation, and, if so, how much for how long a period?
- b. Did your employer or his Worker's Compensation carrier pay your salary in whole or in part and for what period of time, by dates, at what rate of pay, the total amount paid, and by what one?
- c. State the name and address of the Worker's Compensation carrier, if paid by it.
- d. Did you collect Unemployment benefits?

INTERROGATORY NO. 14

State the names, address and telephone number of each person who was a witness to the alleged incident and separately identify by name, address and telephone number each person you expect to call as a witness at trial.

INTERROGATORY NO. 15

Identify each person you expect to call as an expert witness at trial, and state the subject matter on which the expert is expected to testify, the substance of the facts and opinions to which the expert is expected to testify, and a summary of the grounds for each opinion. Further, identify each expert who has been retained who is not expected to be called as a witness.

INTERROGATORY NO. 16

Please state whether you consumed any drugs or alcoholic beverages in the twenty-four hour period preceding the alleged incident, and, if so, please state the amount and the type of

drug or alcoholic beverage, where you consumed such drug or alcoholic beverage, and at what time you consumed such drug or beverage.

INTERROGATORY NO. 17

If any person has discoverable knowledge regarding the incident referred to in your complaint, please give:

- a. The name and address of each such person;
- b. The substance of any conversation material to said incident which you had with such person after the alleged incident, including, in your answer, reference to what that person said to you and indicate the date and time during which each such conversation took place.

INTERROGATORY NO. 18

Please identify all financial losses the plaintiff incurred, including, but not limited to, medical expenses, lost earnings, and legal expenses and damages to his property, as a result of the incident alleged in the Complaint.

INTERROGATORY NO. 19

Please state whether you have been a plaintiff or claimant in connection with any prior claim or complaint for personal injury. If your answer is in the affirmative, for each such prior claim, please state:

- a. The court and docket number of the complaint;
- b. The name of the parties involved in the complaint or claim;
- c. The grounds for each complaint or claim; and
- d. The disposition of each claim, including monetary or cash awards made by you.

INTERROGATORY NO. 20

Please state with specificity each and every fact upon which you base your allegations that the defendants in any way committed a “tort and acts of genocide” as alleged in the beginning paragraph of page 3 of 12 of your complaint.

INTERROGATORY NO. 21

Please state with specificity each and every fact upon which you base your allegations that the defendants “unlawfully pulled” you over as alleged on page 3 of 12 of your complaint.

INTERROGATORY NO. 22

Please explain in complete detail and your logic behind how it is “clear to any reasoning mind” that the acts of the defendants fall within the definition of genocide as alleged on page 4 of 12 of your complaint.

INTERROGATORY NO. 23

Please state with specificity each and every tort you allege defendants committed against you and the specific facts upon which you base such allegations as mentioned in your complaint.

INTERROGATORY NO. 24

Please identify each and every person by name and address who “pulled over while traveling by to investigate” during the alleged events of your complaint and explain their relationship to you.

INTERROGATORY NO. 25

Please identify in complete detail and verbatim all statements you made to the defendant police officers during time of arrest as mentioned in the supporting affidavits to your complaint.

The Defendant,
By his attorney,

Bradford N. Louison, Esq. BBO#305755
blouison@lccplaw.com
Louison, Costello, Condon & Pfaff, LLP
101 Summer Street
Boston, MA 02110
(617) 439-0305

Date: November __, 2019

CERTIFICATE OF SERVICE

I hereby certify that on this day, I caused the foregoing to be served by first class mail to:

Leonitus Jabir Bey
P.O. Box 1934
Lowell, Mass 01854

Bradford N. Louison

Date: November __, 2019